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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional)  019287-0317339
Application Number 10/665,580		Filed September 19, 2003
For APPLICATION RESPONSE MONITOR		
Art Unit 2863	Examiner	Hien Xuan Vo

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

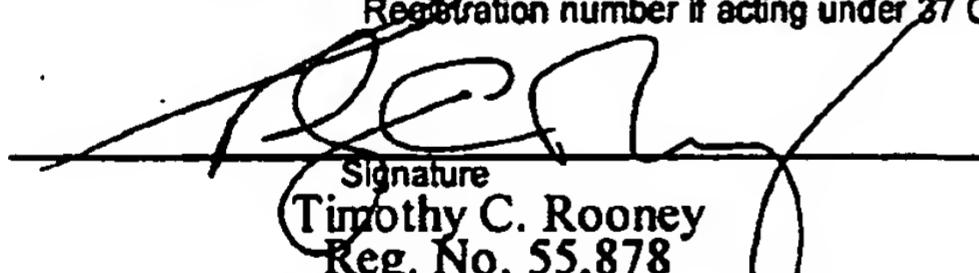
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			09/20/2005 SZEWIDIE1 00000002 033975 10665580
<input type="checkbox"/> A check in the amount of the fee is enclosed.			02 FC:1253 1020.00 DA
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>033975</u> . I have enclosed a duplicate copy of this sheet.			

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the  applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- attorney or agent of record. Registration Number 55,878
- attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_.

  
Signature  
Timothy C. Rooney  
Reg. No. 55,878  
\_\_\_\_\_  
Typed or printed name

September 16, 2005

Date

(703) 905-2239

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Adjustment Date: 01/09/2006 CKHLOK  
09/20/2005 SZEWIDIE1 00000002 033975 10665580  
02 FC:1253 1020.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>1/9/05</u>		2 Serial/Patent # <u>10665580</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/>	Filing			\$	
<input type="checkbox"/>	Amendment			\$	
<input checked="" type="checkbox"/>	Extension of Time		<u>9/16/05</u>	\$	<u>1020 -</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input type="checkbox"/>	Petition			\$	
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
		7 TOTAL AMOUNT OF REFUND	\$ <u>1020 -</u>		
8 TO BE REFUNDED BY:					
10 REASON:		Treasury Check			
<input type="checkbox"/>	Overpayment	X	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment		<u>, 0 3 -- 3 9 7 5</u>		
X	No Fee Due (Explanation):	<p>EOT FILED AFT MAX XTENDABLE PD</p> <p> </p> <p> </p>			
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>DOUGLAS WOOD</u>		TITLE: <u>SR ATTY</u>			
SIGNATURE: <u>dmw</u>		PHONE: <u>272-3231</u>			
OFFICE: <u>OP</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****					
APPROVED: <u>Douglas</u>		DATE: <u>1/9/05</u>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B